



REQUEST FOR ACCESS- EXTENSION NOTIFICATION

[Date]

[Patient Name]

[Street Address 1]

[Street Address 2]

[City, State Zip Code]

Re: Request For A Copy Of Health Information

Dear [Patient Name]:

This letter responds to your request for a copy of your health information, which we received from you on _____.

We have been working hard to determine whether we can grant your request. We are usually able to process requests for copies within 30 days if the records are maintained on-site at our hospital and within 60 days if the records are maintained off-site at another facility. Your records are maintained: ☐ ON-SITE ☐ OFF-SITE ☐ ON-SITE AND OFF-SITE. For the following reason(s), we need an additional 30 days to respond to your request for copies of these records:

- ☐ We are still working to access the information you requested.
- ☐ We are still working to prepare the information you requested.
- ☐ We are still working to determine whether all or part of your request may be granted.

We expect to have a final answer for you no later than _____. If additional time is required, we will notify you again.

Please contact the _____ Department of SUNY Downstate Medical Center University Hospital of Brooklyn at (718)270-_____ if you have questions or concerns about this delay.

Sincerely,

_____ Department